

Questionnaire
Strategic Planning Partners
Mississippi Tobacco Control Network

Please **PRINT** or **TYPE** the answers to this questionnaire to assist the Mississippi Tobacco Control Network (MTCN) in their efforts. If you have any questions, please contact Kay Hullings at 601-206-5810 or 1-800-586-4872. *Please return form to Division of Tobacco Policy and Prevention, 570 East Woodrow Wilson, Jackson, MS 39215 or fax to 601-576-7444.*

Your Name/Title _____
Contact Phone Number _____
Company Address _____
Email Address _____
Website Address _____

1. Would you be interested in becoming a member of the Mississippi Tobacco Control Network? ☐ Yes ☐ No If yes, would you be the contact person? ☐ Yes ☐ No
2. What is the overall mission of your organization? _____

3. What type of tobacco control activities are organized within your agency? _____

4. List any agencies/organizations in which you partner that are affiliated with tobacco prevention/control activities. _____

5. Does your organization or any of the organizations listed in #3 address any other at-risk behaviors (i.e. drugs, alcohol, etc)? ☐ Yes ☐ No If yes, please list and explain. _____

6. Does your organization receive tobacco-related intervention and/or control & prevention grants or funding? ☐ Yes ☐ No
7. If your organization conducts tobacco-related control activities, who is the target audience(s)? _____
8. May we include a link with contact information of your organization on our website? ☐ Yes ☐ No

Disclaimer: *This information will be used for informative purposes only for Mississippi Tobacco Control Network activities. No information in which you have provided will be shared with any third party affiliation or for promotional purposes.*